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# **FEC FORM 2**

# STATEMENT OF CANDIDACY

|   | e of Candidate (in | ,       |                        |               |            |                |   |         |      |   |         |
|---|--------------------|---------|------------------------|---------------|------------|----------------|---|---------|------|---|---------|
| Renee Jacisin Ellmers   |                    |         |                        |               |            |                |   |         |      |   |         |
| (b) Address (number and street)<br>122 Kingsway Dr  |                    |         |                        | heck if addre | ss changed |                | Candidate's FEC Identification Number     H0NC02059 |         |      |   |         |
| (c) City, State, and ZIP Code   |                    |         |                        |               |            |                | 3. Is This  | s Ne    | •W   | V | Amended |
| Dunn  |                    |         |                        | NO            | 2833       | 34             | Staten  | nent (N | ) OR | × | (A)     |
| 4. Party Affi   | iliation           |         | 5. Office Soug         | ht            |            | 6. State & Dis | trict of Candi                                      | date    |      |   |         |
| REPUB   | LICAN PARTY        |         | House                  |               |            | NC             | 02  |         |      |   |         |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |                    |         |                        |               |            |                |   |         |      |   |         |
| 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 (year of election)  |                    |         |                        |               |            |                |   |         |      |   |         |
| NOTE: This designation should be filed with the appropriate office listed in the instructions.  |                    |         |                        |               |            |                |   |         |      |   |         |
| (a) Name of Committee (in full)   |                    |         |                        |               |            |                |   |         |      |   |         |
| Renee Ellmers for Congress Committee  |                    |         |                        |               |            |                |   |         |      |   |         |
| (b) Address (number and street)   |                    |         |                        |               |            |                |   |         |      |   |         |
|   | . Box 904          | street) |                        |               |            |                |   |         |      |   |         |
| (c) City, S   | State, and ZIP Co  | de      |                        |               |            |                |   |         |      |   |         |
| Dunn  |                    |         |                        |               |            | NC             | 28335   | 5       |      |   |         |
| (Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE: This designation should be filed with the principal campaign committee. |                    |         |                        |               |            |                |   |         |      |   |         |
| (a) Name  | of Committee (in   | . f11)  |                        |               |            |                |   |         |      |   |         |
| ` '   | e of Committee (in | ,       | rity Com               | mittoo        |            |                |   |         |      |   |         |
| Colbe - Elmers Majority Committee   |                    |         |                        |               |            |                |   |         |      |   |         |
| (b) Address (number and street) PO Box 97275  |                    |         |                        |               |            |                |   |         |      |   |         |
| (c) City, S   | State, and ZIP Co  | de      |                        |               |            |                |   |         |      |   |         |
| Raleigh NC 27624  |                    |         |                        |               |            |                |   |         |      |   |         |
|   |                    |         |                        |               |            |                |   |         |      |   |         |
| I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  |                    |         |                        |               |            |                |   |         |      |   |         |
| Signature of Candidate  |                    |         |                        |               |            |                | Date  |         |      |   | •       |
| Renee Jaciss  |                    |         | [Electronically Filed] |               |            | 13             |   |         |      |   |         |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.   |                    |         |                        |               |            |                |   |         |      |   |         |
|   |                    |         |                        |               |            |                |   |         |      |   |         |
|   |                    |         |                        |               |            |                |   |         |      |   |         |
|   |                    |         |                        |               |            |                |   |         |      |   |         |

FEC FORM 2 (REV. 02/2009)

# FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

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#### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

### FRESHMAN AGRICULTURAL REPUBLICAN MEMBERS TRUST AKA FARM TRUST

(b) Address (number and street)
7315 WISCONSIN AVE SUITE 310 EAST

(c) City, State and ZIP Code

BETHESDA

MD

20814

### **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

[ADDITIONAL]

(Including Joint Fundraising Representatives)

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- (c) City, State and ZIP Code

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- (c) City, State and ZIP Code